

WHEN PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each
number of child stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 167
Registered No. 572

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 7 Van Winkle Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Elizabeth Leitha Chapman (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? yes 7. Date of birth Nov. 27, 1927
Month Day Year

8. FATHER
Full name Charles Chapman
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 32 (Years)

12. Birthplace (city or place) Bodmin, Cornwall
(State or country) England

13. Occupation Miner
Nature of industry Mining

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 4
(b) Born alive but now dead _____
(c) Stillborn _____

14. MOTHER
Full maiden name Florence P. Williams
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

16. Color or race Cauc. 17. Age at last birthday 27 (Years)

18. Birthplace (city or place) Helston, Cornwall
(State or country) England

19. Occupation Housewife
Nature of industry

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:45 P. m. on the date above stated
(Born alive or stillborn.)

Signature Cyril M. Brown M.D.
Physician (Physician or midwife)

Address Miami, Arizona

Filed Dec 1, 1927 C. E. Smith
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report _____
Month, day, year

Registrar

535-1127-662